

Life, death, and the Great Sortation

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By Terry A. Hurlbut

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The Great Sortation continues to move, and life and death issues – at life’s beginning and ending – are driving it. This could lead to a serious, even violent, crisis in America, once leftist officeholders and movement leaders realize the full implications of the policies they promote. Do they even now realize that they are killing off their future voters, while conservative voters remain? If they don’t, what will happen when they do?

Life, death, and the national divide

Leaders on the political right, at least some of them, took courage from a certain Supreme Court opinion last year. That opinion, of course, is *Dobbs v. Jackson Women’s Health Organization*, 597 US ____ (2022). That case sent the question of the beginning of life back to the States to handle, without Federal interference. At once Attorneys General and legislatures in “red States” moved to protect life before birth. Some protect it at its very beginning; others set limits at six, fifteen, or about twenty-four weeks. (The State of Maine has a bill in committee to remove *all* restrictions on abortion. Four days ago the Judiciary Committee held the longest public hearing in history – nineteen hours to hear mostly negative commentary. More than ninety percent of members of the public, commenting on the bill, spoke against it.)

Texas, and thirteen other States, ban abortions at or close to conception. But we now see pregnant women simply traveling to other States – and swamping providers with higher workloads. But one spectacle provides the perfect metaphor for a likely long-term outcome. The Whole Women’s Health Center in McAllen, Texas, which everyone knew as an abortion mill, closed recently. So now the McAllen Pregnancy Center, three doors down, will expand into that facility. Thus an institution dedicated to death will serve life instead.

But euthanasia remains

On the other hand, the *Republican* Governor of Vermont signed a new law abolishing the residency requirement for physician assisted suicide. So now Vermont will become a ghoulish sort of tourist trap: people will check in but not out. The only people that could please – aside from globalist elitists who want the planet for themselves – are environmentalists who think humans are a blight on the Earth anyway. Ten other States allow physician assisted suicide, under some condition or another.

At the other end, the Attorney General of California has set up a new hotline for women seeking abortions. That State already pays – with taxpayers' money – for abortions for women who don't qualify for Medicaid and can't get insurance. It also pays \$15 million a year to abortion advocacy groups – campaigning on the taxpayers' dime.

This next story is more difficult to believe. According to it, medical students seeking postgraduate training in obstetrics and gynecology seem to prefer States that allow abortions. ABC News reports a five percent decline in applications for residency training in the States with complete abortion bans. ABC says they interviewed medical students, who express a desire to learn abortion techniques.

Reliable information on what student attitudes actually might be, is difficult to find. Those who write studies on medical student attitudes toward abortion tend to favor it and encourage students to embrace it. This creates a conflict of interest that few people even notice.

How the life and death debate plays out in modern medicine

A five percent decline in applications is not likely to diminish the quality of care in teaching hospitals, or the quality of new first-year residents (once called “interns”), to a significant degree. Medical school remains competitive, and so does residency training in obstetrics and gynecology. Furthermore, different medical students often balk at different techniques. Your editor remembers a fellow medical student who confessed to feeling horror at presiding over an electroconvulsive therapy session. (One could well imagine she would balk totally at Stanley Milgram's Obedience experiment!) Yet that same student enthusiastically embraced abortion.

But five percent is not a hundred percent. For every five medical students who will go study OB-GYN in, say, the New York University setting, ninety-five more will go ahead and apply to, and get into, places like Vanderbilt University Medical Center (Nashville, Tennessee), the Texas Medical Center (Houston, Texas), Parkland Memorial Hospital (Dallas, Texas), and other teaching hospitals in complete-ban States. (Vanderbilt Hospital has had its share of controversies, and must come to grips with some ancient precepts moving forward. More on that below.)

Still, the attitudes of certain medical students who actually want to learn how to kill, is cause for concern. When your editor received postgraduate training at that center, it still displayed the original Oath of Hippocrates. That Oath read, in relevant part:

I will give no deadly preparation to anyone, even if asked, nor suggest such a course. Neither will I give to any woman a pessary to cause abortion. But I will keep pure and holy my life and my art.

Perhaps the time has come to offer some of the ancient ethical training that too many teaching doctors have forgotten.

The Oath of St. Luke

In this context, perhaps we should review the Oath of St. Luke, which your editor adapted from the original Oath of Hippocrates:

I swear by the memory of Luke the physician, and take the Father, Son and Holy Spirit as my witnesses, that, according to my ability and judgment, I will keep this Oath and this contract:

To honor God as the Author of Life and the True Patron of the physician's art, and

To practice this art for the benefit of my patients, in keeping with the commandments of God to respect all human life.

I will prescribe dietary, medicinal, and other regimens which will benefit my patients according to my greatest ability and judgment. In so doing I will do no harm or injustice to anyone.

I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan. Furthermore I will not give a woman food or supplement, nor perform on her any procedure, to cause an abortion.

In purity and according to God's Commandments will I carry out my life and my art.

I will perform no procedure I am not qualified to perform, but will leave this to those so trained.

Into whatever homes I go, I will enter them for the benefit of the sick. I will avoid any voluntary act of impropriety or corruption, including the seduction of women or men, free or inmate.

Whatever I see or hear in the lives of my patients, whether in connection with my professional practice or not, which ought not to be spoken of outside, I will keep secret, as considering all such things to be private.

So long as I maintain this Oath faithfully and without corruption, may it be granted to me to partake of life fully and the practice of my art, gaining the respect of all for all time. However, should I transgress this Oath and violate it, may the opposite be my lot.

In the context of the Great Sortation

So what has this to do with the Great Sortation? As Steven Turley, Ph.D., has repeatedly observed, those now rediscovering faith, tradition, and moral precept, are having all the children. That last is only a slight exaggeration. Leftist leaders are openly promoting the ending of life, often for light and transient causes. At the same time they promote (and pay for) the destruction of developing life and the prevention of the starting of life. Margaret Sanger sought to do this through forced sterilization. Today's Margaret Sangers are being far more elaborate – surgically altering men and women to appear as the opposite sex. (And hormonally poisoning them, usually in preparation for such mutilization.) When they do that, they prevent fertilization and conception.

Don't let certain legislative leaders fool you. When they say "men can get pregnant," they are actually lying. This lie is a lure to draw people into a dead-end lifestyle. Your editor doubts that anyone will seriously develop methods to permit "trans-women" to get pregnant, or "trans-men" to impregnate any woman, trans- or cis-. Yes, that might appeal to the Frankensteinian urge at too many hospitals today. But it is also a waste of time, and defeats the real purpose: depopulation.

As that depopulation proceeds in "blue States," "red States" will thrive. In a generation or two, the "abortion tourists," if they don't simply move to the "blue States," will die out anyway. They don't even *want* children. Those that do want children, will have them.

And when the left realizes that...!

Does the left realize that already? They never gave it a thought after the case of *Roe v. Wade*, 410 US 113 (1973), came down. Convinced that generations of women would always revel in their newfound "freedom," they campaigned for abortion on demand for any reason or no reason. But they forgot about the women who would have nothing to do with such a movement. So the women who took their advice, refused to bear children. Within a generation, they started to lose their first elections. Then, famously, Donald J. Trump became President and made hundreds of key judicial appointments, three to the Supreme Court. The result we know: *Dobbs v. Jackson Women's*.

That case hasn't stopped abortion completely, but it will definitely limit it to sympathetic States. Succeeding generations of voters will be more conservative than their predecessors.

The Left might not care for that outcome. Already some of them begin to grasp the implications, though they won't say them out loud. These are the vandals who attack crisis pregnancy centers, and hurl slurs like "breeder" at conservative women.

The elite have already made their attack: with SARS-CoV-2, a product of Anthony S. Fauci's gain-of-function research, and then The Vaccines. We've seen what happened with them, especially in the State of Israel. Their leaders burned incense on the high place of medical technology; observe the result.

But that attack failed. Other attacks will come, and we must thwart them. If we do, they, too, will fail. Then we win.